

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	mg		1/30/99
O.I.P.E. CLASSIFIER		43	2/1/99
FORMALITY REVIEW	EX	60188	2/1/99

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet

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